

03/22/2011 09:16 8655945739

HEALTH CARE FACILITY

PAGE 29/30
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7701	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SEQUATCHIE		STREET ADDRESS, CITY, STATE, ZIP CODE 360 DELL TRAIL, PO BOX 878 DUNLAP, TN 37327		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832 SS=D	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the condition of the physical plant and overall condition of the nursing home environment.</p> <p>The findings include:</p> <p>1) Observation of resident room 503 on 3/15/11, at 10:54 a.m., revealed an unseated toilet fixture leaking water onto the floor. Tennessee Department of Health, 1200-08-06-.08(2)</p> <p>2) Observation of resident room 708 on 3/15/11, at 1:41 a.m., revealed an unseated toilet fixture leaking water onto the floor. Tennessee Department of Health, 1200-08-06-.08(2)</p> <p>3) Observations of resident room 512 on 3/15/11, at 11:02 a.m., revealed stained ceiling tiles in the closet. Tennessee Department of Health, 1200-08-06-.08(2)</p> <p>4) Observation of resident room 208 on 3/15/11, at 11:20 a.m., revealed a penetration behind bed A. Tennessee Department of Health, 1200-08-06-.08(2)</p> <p>5) Observations of resident room 709 on 3/15/11, at 11:51 a.m., revealed stained ceiling tiles in the bathroom. Tennessee Department of Health, 1200-08-06-.08(2)</p>	N 832	<p>N 832</p> <p>1. Corrective Action as follows:</p> <p>a). Toilets were fixed in room 503 and 708.</p> <p>b). Stained ceiling tiles in room 512 and 709 were replaced.</p> <p>c). Penetration behind bed in room 208 was repaired.</p> <p>2.</p> <p>a). Facility toilets will be inspected to ensure they are proper working order and will be repaired as needed.</p> <p>b). Facility ceiling tiles will be inspected for stains and replaced as needed.</p> <p>c). Patient rooms will be inspected to ensure there are no penetrations in patient room walls and will be repaired as needed.</p> <p>3.</p> <p>a). An inspection will be conducted to ensure toilets are in proper working order</p> <p>b). An inspection will be conducted of facility ceiling tiles</p> <p>c). An inspection will be conducted of resident room walls for penetrations.</p> <p>4. Maintenance Supervisor will inspect monthly and report results to the QA committee.</p>	

April 22, 2011

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5479

M2E921

If continuation sheet 1 of 2

03/22/2011 09:16 8655945739

HEALTH CARE FACILITY

PAGE 38/38
PRINTED: 03/18/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7701	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SEQUATCHIE			STREET ADDRESS, CITY, STATE, ZIP CODE 360 DELL TRAIL, PO BOX 878 DUNLAP, TN 37327		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	Continued From page 1 These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/15/11.	N 832			